

anterior and posterior pack. Some otolaryngologists now advocate internal maxillary artery ligation as the initial procedure for posterior epistaxis.

R. MELVIN BUTLER, M.D.

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Cryosurgery in Otolaryngology

Cryosurgery is described as a mode of applying cold as a therapeutic agent. Cold compresses as a mode of therapy were used back as early as 2500 B.C. The use of modern-day cryosurgery was begun in 1961 when Cooper and Lee described the cryogenic system attaining temperatures as low as -190 degrees centigrade. At this time, most of the cryosurgery was done in the neurosurgical field, but with the new versatility of the cryosurgical methods, other fields of surgery have turned to this mode of therapy. The cryobiology of this method is based primarily on the vascular flow within the tissue involved as well as its rate of crystalization. The physical chemical factors underlying the cell injury and freezing have been widely investigated as well as the immunological properties of freezing. Use of cryosurgery is primarily indicated in diseases of deficient blood clotting where open surgical procedures might be a hazard. Investigative work in this field is continually in progress. More recently, it has been found that by decreasing the vascularity within the involved tissue, as with epinephrine compounds, the extent of tissue destruction can be decidedly lessened, thus extending the usefulness of the modality.

VICTOR PASSY, M.D.

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Hearing Aids and the Pre-School Child

The acquisition of oral speech and language by the hearing handicapped youngster is dependent upon his receiving auditory input within the first three years of life.

Techniques for selection of appropriate hearing aids for children have advanced considerably in the past several years. A hearing loss may be diagnosed, the degree of loss estimated and the approximate audiometric slope or curve may be charted for an infant as young as three months of age. An experienced audiologist is able to use specification data and select a trial aid on the basis of frequency and intensity response curves, distortion and output information, durability and compactness. Hearing response to voice, warble tones, and taped sound stimuli may be compared unaided and aided. It is extremely important after the aid is issued that the parents consult periodically with the audiologist. Auditory training procedures are outlined, techniques of language stimulation are suggested, the mechanics and proper care of the instrument is described. This consistent follow-up with the parents, teachers, hearing therapist and child is usually a guarantee that the child will achieve maximum benefits from amplification. It is now agreed throughout the otologic-audiologic profession that this early awareness of sound environment and the integration of auditory with visual communication is essential to the rehabilitation of hearing handicapped children.

SHIRLEY SCHRIER, M.A.

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